

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

042

1000

377

-62-009946

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED APR 9 1962

## 1. PLACE OF DEATH

a. COUNTY

Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Joseph

Length of stay in lb

unknown

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri

b. COUNTY Buchanan

c. CITY OR TOWN

St. Joseph

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION

Wilson Nursing Home

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

611 N. 11th

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

First

Middle

Last

4. DATE OF DEATH

Month

Day

Year

WINFIELD

C.

ENGEL

March 4, 1962

## 5. SEX

female

## 6. COLOR OR RACE

white

## 7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

2/21/1885

## 9. AGE (last birthday)

77

## IF UNDER 1 YEAR

Months Days Hours Min.

## IF UNDER 24 HR.

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

## 10b. KIND OF BUSINESS OR INDUSTRY

unknown

## 11. BIRTHPLACE (City and state or country)

unknown

## 12. CITIZEN OF WHAT COUNTRY

## 13a. FATHER'S NAME

unknown

## 13b. MOTHER'S MAIDEN NAME

unknown

## 14. NAME OF HUSBAND OR WIFE

John H.

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

no

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Wilson Nursing Home Records, St. Joseph, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line)

### PART I. DEATH WAS CAUSED BY:

#### IMMEDIATE CAUSE (a)

Generalized Arteriosclerosis

## INTERVAL BETWEEN ONSET AND DEATH

Ukn.

#### DUE TO (b)

Arteriosclerotic Heart Disease

Ukn.

#### DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

### PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

## 20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour Month, Day, Year a.m. p.m.

## 20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from 6-12-61 to 3-4-62 and last saw him alive on 3-2-62

Death occurred at 1:30 a. m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

Social Welfare Board

## 22c. DATE SIGNED

3-6-62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

burial

## 23b. DATE

## 23c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cemetery

## 23d. LOCATION (City, town, or county)

St. Joseph

Missouri

## 24. FUNERAL DIRECTOR

## ADDRESS

St. Joseph, Mo.

## 25. DATE RECD. BY LOCAL REG.

April 6, 1962

## 26. REGISTRAR'S SIGNATURE

Mrs. Clark Hardell

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

*Eugene Wood*

Licensed Embalmer No. 3804

P. O. Address 395 11th St. S.W., NW

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.